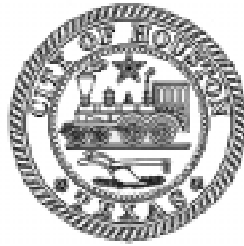


CITY OF HOUSTON
HUMAN RESOURCES DEPARTMENT
P. O. BOX 1562
HOUSTON, TEXAS 77251



INTERNET EMPLOYMENT APPLICATION
(PER 029 REV 5/99)

An Equal Opportunity Employer

You may attach a resume, but you must still complete all questions and items on this application.

Position	PN #	Today's Date (mm/dd/yy)
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Name: Last, First MI		Social Security # Must be verified
Residence Address		Home Phone
CITY	STATE	ZIP
		Alternate Phone

Do you have a legal right to reside and work in the United States of America ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of citizenship or work authorization will be required for employment.		

List below any relatives, including those by marriage or adoption, currently employed by the City			
Name of Relative	Relationship	Department	Position

Have you ever been employed by the City of Houston?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Department	Position Held	Date of Separation (mm/dd/yy)	Medical Separation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Check last grade completed 1 - 4 5 - 8 9 - 12 GED	Name of School or Institution Address, City & State	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did You Receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of School or Institution Address, City & State
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Name of Institution	Address, City & State	Did You Graduate?	Month/Year Graduated	Degree or Diploma Received	Major Subject
College		<input type="checkbox"/> Yes <input type="checkbox"/> No ___Hrs			
College		<input type="checkbox"/> Yes <input type="checkbox"/> No ___Hrs			
College - Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No ___Hrs			
Other - Vocational, Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No ___Hrs			

Are you an Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service _____
Type of Discharge _____	Date of Service From _____ To _____

Driver's License # _____ License issued by State of _____	
What type of license do you have?	
<input type="checkbox"/> Commercial (CDL)	Class: A B C
<input type="checkbox"/> Operators	Class: A B C
Endorsement _____	
Have you been convicted of DUI or DWI within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your license presently restricted, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give the reason _____	
the date it began _____ and the date ended (or will end) _____	

Employment History - Complete with your full employment history. Begin with your current or most recent job and list all past employment below. If more space is needed, attach another sheet(s).

Name of Employer		Supervisor's Name and Title	
Employer's Address City, State, ZIP		Employer's Phone Number	
Your Title:		Final Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
FROM: (mm/yyyy)	TO: (mm/yyyy)	# of persons supervised	
Your duties:			
Reason for leaving:			

Name of Employer		Supervisor's Name and Title	
Employer's Address City, State, ZIP		Employer's Phone Number	
Your Title:		Final Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
FROM: (mm/yyyy)	TO: (mm/yyyy)	# of persons supervised	
Your duties:			
Reason for leaving:			

Name of Employer		Supervisor's Name and Title	
Employer's Address City, State, ZIP		Employer's Phone Number	
Your Title:		Final Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
FROM: (mm/yyyy)	TO: (mm/yyyy)	# of persons supervised	
Your duties:			
Reason for leaving:			

Name of Employer		Supervisor's Name and Title	
Employer's Address City, State, ZIP		Employer's Phone Number	
Your Title		Final Salary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
FROM: (mm/yyyy)	TO: (mm/yyyy)	# of persons supervised	
Your duties:			
Reason for leaving:			

Have you ever been dismissed and/or allowed to resign in lieu of discharge?

☐ Yes ☐ No

If yes, specify
the circumstances

If you have indicated in the Employment History Section that you had a gap in employment, were you laid off or dismissed from a position, you may provide further information here:

Have you ever used another name?

☐ Yes ☐ No

If yes, specify the name(s)

Have you ever been convicted of a violation of any criminal statute whether felony or misdemeanor?..... ☐ Yes ☐ No

(Exclude parking violations) If yes, give:

Date (mm/yy)	Conviction For	County & State of Conviction	Disposition

Are you now or have you ever been on any form of parole, probation or deferred adjudication?..... ☐ Yes ☐ No

If yes, identify what, where, and how long?

Are you able to meet the schedule and attendance requirements of the position for which you are applying?... ☐ Yes ☐ No

Will you work more than 40 hours in a week if required?..... ☐ Yes ☐ No

What date would you be available for work? (mm/dd/yyyy)

Do you speak a foreign language fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify language
Do you read this language? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you write this language? <input type="checkbox"/> Yes <input type="checkbox"/> No

Machine and Equipment Skills	P C Software Skills

Special Qualifications and Skills. Indicate below any experience, skills, licenses or certifications not provided in other parts of this application, that in your opinion, would qualify you for the position you seek.

List below three references (other than relatives).

Name	Phone	Address, City, State & Zip	Relationship

If the job you are applying for requires any of the following, are you willing and able to: (Check only one response for each question)	Yes	No	Not Applicable
Work outside in all types of weather?			
Work with material that causes a lot of dust in the air?			
Work in an awkward or confining work space?			
Work where your clothes get dirty?			
Work in or around areas that have strong odors or vapors?			
Work at heights of up to 100 feet?			
Work in air contaminated areas?			
Work in shifts?			
Work on weekends and holidays?			
Work rotating shifts or irregular hours?			
Work in a stressful or unpleasant setting?			
Work with the public?			
Work with clients and patients?			

May we contact your present employer for a reference?.....☐ Yes ☐ No

READ CAREFULLY BEFORE SIGNING! By my signature below, I certify, authorize or acknowledge:

- That all the information provided by me in connection with my application, whether on this document or on any attachment, is complete, true and correct. I know that the City will rely upon this information in making a decision to hire me. Consequently, I further understand that any misstatement, falsification, or omission of information will void my application and prevent any further processing. If the City obtains such information after I am hired, I will be subject to termination from my employment with the City.
- For purposes of verification, any persons, organizations, and educational institutions listed on this application or any attachment, as well as the Department of Public Safety in any state in which I am a resident, at any time upon request, may give to officials of the City of Houston any and all information concerning my previous employment, education, experience or other information (including my motor vehicle records) they might have regarding any of the subjects listed on my application. I unconditionally and irrevocably release all such persons, organizations or educational institutions from all liability and damages which may result from providing the information requested to the City.
- That only a representative of the Human Resources Department can make an offer of employment to me, and that such offer is not a contract for a specific term. No one else may offer or promise me anything.
- That upon request, a reasonable accommodation in accordance with the American with Disabilities Act (ADA) will be made for me, in the application process or after I am hired, if, now or in the future, I am disabled.
- That if offered a job, prior to my start date with the City, I will be fingerprinted and that a criminal background check will be conducted.
- That if offered employment with the City of Houston, I must successfully pass a physical examination and a drug test as conditions of employment.

Name: Last, First MI

Social Security Number

Signature

Date (mm/dd/yy)

I learned about this job from the following source: (check 1 only)

- | | | |
|--|---|-------------------------------------|
| 1 <input type="checkbox"/> City Employee | 5 <input type="checkbox"/> Texas Workforce Commission | 9 <input type="checkbox"/> Job Line |
| 2 <input type="checkbox"/> Internet | 6 <input type="checkbox"/> School Referral | 10 <input type="checkbox"/> Other: |
| 3 <input type="checkbox"/> Houston Chronicle | 7 <input type="checkbox"/> Social Service Agency | |
| 4 <input type="checkbox"/> Walk-In | 8 <input type="checkbox"/> City Job Announcement | |

The federal Military Selective Service Act requires males to register for the Selective Service System within 30 days of their 18th birthday. Almost all male U.S. citizens and male aliens living in the U.S. who are 18 through 25 are required to register with Selective Service. Failure to register as required will subject the individual to state and federal penalties.



CITY OF HOUSTON

Human Resources Department

Voluntary Applicant Information Form

TO BE COMPLETED BY APPLICANT:

In order to comply with reporting requirements under federal law, we ask you to complete this form. The information you are invited to give will be used solely for purposes of compliance with federal requirements. It will not be used for hiring, placement or any other decision relating to terms and conditions of employment. Completion of this form is voluntary. Failure to complete this form will not affect your application status.

Please ask for assistance if you have any difficulty completing this form. Thank you very much for your cooperation.

PLEASE PRINT

LAST NAME	FIRST NAME			MIDDLE NAME
SOCIAL SECURITY NUMBER	BIRTHDATE			RACE/ETHNIC
	MO	DAY	YEAR	<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander
SEX	VETERAN			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
(SEE DEFINITIONS LISTED BELOW)				

POSITION APPLIED FOR:

SIGNATURE:

DATE:

The Race/Ethnic designations used by the Equal Employment Opportunity Commission are outlined below:

- | | |
|-----------------------------------|---|
| White
(not of Hispanic Origin) | All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. |
| Black | All persons having origins in any of the Black racial groups of Africa. |
| Asian or Pacific Islander | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Island, and Samoa. |
| Hispanic | All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race. |
| American Indian or Alaska Native | All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |

Note: Prior to 1978 people from the Indian Subcontinent were classified "White", however, that designation has been changed. Now people from the Indian Subcontinent are to be classified as "Asian or Pacific Islander". The Indian Subcontinent is comprised of Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim and Sri Lanka.